

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09781182
APPLICANT(S)

FILING DATE
02/12/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						1
2		1		1			52						1
3							53						1
4							54						1
5							55						1
6							56						1
7							57						1
8							58						1
9							59				1		
10							60						1
11							61						1
12							62						1
13							63						1
14							64						1
15							65						1
16							66						1
17							67						
18	1		1				68						
19							69						
20							70						
21							71						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		4				TOTAL IND.					2	
TOTAL DEP.	22		34				TOTAL DEP.					26	
TOTAL CLAIMS	25		38				TOTAL CLAIMS					35	